

## Corrective Action Plan

Family Name: [REDACTED]

Location: [REDACTED]

Plan Beginning Date: June 20, 2019

Plan Ending Date: July 22, 2019

This is to provide you with a formal Corrective Action Plan in order to correct performance expectation deficiencies. To attain satisfactory performance, you must improve performance in the specific areas noted below within the period indicated above.

Area to be addressed (Include rule or code)	Deficiency	Corrective Action	Who is Accountable	Completion Date	Expected Outcome
<p>Partnership Plan "Licensed caregivers or their designees will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC, and residential child caring agencies will share information with each other about the child's health and well-being."</p> <p>A foster child that was placed with [REDACTED] home injured himself on the school playground. The school nurse instructed [REDACTED] to take the child to the doctor. [REDACTED] did not seek medical attention for the child, she only provided the child with pain medication. The child was taken to the hospital by the case manager and it was determined that the child had 2 fractured bones. [REDACTED] made a statement to the child "I am not going to make it easy on you if he wasn't telling the truth" This was inappropriate. The department found verified findings of Medical Neglect.</p>		<p>[REDACTED] will complete relevant training, specific to medical neglect. This training will be completed online.</p> <p>Training to be completed online through Foster Parent College:  <a href="http://www.fosterparentcollege.com">www.fosterparentcollege.com</a>                      -Child Development (4 hours)                      - Child Abuse and Neglect (4 hours)                      - Children Entering Care: Physical Health Issues (2 hours)</p>	[REDACTED]	August 31, 2019	<p>[REDACTED] will be able to ensure the children's safety and wellbeing by ensuring all the children's medical needs are being addressed in a timely manner.</p>
		<p>[REDACTED] will re-sign the Florida Department of Children &amp; Families Partnership Plan for Children in Out-of-Home Care.</p> <p>[REDACTED] will utilize the parenting techniques learned from the trainings. She will ensure all children medical needs are met.</p> <p>[REDACTED] will complete relevant training, specific to medical neglect. This training will be completed online. Ms. Mathis will also communicate with her Licensing Specialist about skills acquired and implementation of those skills after the assigned training is completed.</p>			

Training to be completed online through  
Foster Parent College:  
<http://www.qpfllorida.org/videoTopic.html>  
-First Aid (.5 hours)

**NOTE:** KCI licensing will conduct unannounced home visits to review this CAP and to determine if the home is in compliance with the CAP or if revisions/further actions are needed.

Licensing Specialist Signature: Katherine Chequillonqui Date: 7-11-19

Licensing Manager's Signature: Lillian Butler Date: 7.11.19

This is to acknowledge that I have, on the date indicated below, discussed the performance deficiencies and the corrective action to be taken by the agency as indicated above. The Licensing Specialist and I agree to work together to enable the agency to improve in performance to a satisfactory level.

Signature: [Redacted]

Date: 7-24-19

#### Outcome of PCAP

This is to acknowledge that I have, on the date indicated below, discussed the outcome of the performance corrective action plan and efforts to improve the family's performance.

Agency Director's Signature: [Signature] Date: 7/11/19

Comments:

### Provider Notes

Provider Name: [REDACTED]	Provider ID: [REDACTED]
Note ID:100386774 Version Number: 1	Date Entered:07/27/2019 02:00 AM
Worker Creating Note:CHUQUILLANQUI, KATHERINE	Worker Making Contact:CHUQUILLANQUI, KATHERINE

### Note Information

Contact Begin date:07/24/2019 03:30 PM	Contact End date:07/24/2019 03:30 PM
Category:Out of Home	Type:Home Visit
Safety: N Safety Resolved:N	Safety date: Safety Resolution:
FSFN: N FSFN Resolved: N	FSFN date: FSFN Resolution:
Admin: N Admin Resolved: N	Admin date: Admin Resolution:
No Request For Action: N	

### Narrative

Re-Licensing Specialist (RLS) Katherine Chuquillanqui completed a Corrective Action Plan (CAP) visit with [REDACTED].

[REDACTED] was on CAP for verified finding of Medical Neglect. [REDACTED] was required to complete relevant training specific to medical neglect.

[REDACTED] completed 3 online trainings Child Development (4 hrs.), Child Abuse and Neglect (4 hrs.) and Children Entering Care: Physical Health Issues (2 hrs.).

After completing the online training [REDACTED] informed RLS she learn and gain knowledge on better care for the child(ren) who will be placed in her home.

[REDACTED] mentioned she will have the child(ren) checked with a Medical provider if injured or if a child mentions they are not feeling well or in pain. [REDACTED] learned she has a 4 hour window to take the child(ren) to seek medical attention.

[REDACTED] mentioned she learned the importance of seeking medical attention for any child(ren) placed in her home.

RLS informed [REDACTED] she will be taking placements from 13 - 17 years old. [REDACTED] agreed and would prefer teenage boys.

---

---